

Jeffrey A. Meyers
Commissioner

Christine L. Santaniello
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

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Corrective Action Plan (CAP) Stakeholder Advisory Group

Monday, January 22, 2018 – Meeting Minutes

STAKEHOLDER ADVISORY GROUP MEMBERS IN ATTENDANCE:

- Pam Dushan – Area Agency Senior Director
- Susan Goddard – Area Agency Family Support Director
- Erin Hall – Brain Injury Association
- Mark Mills – Community Support Network
- Stephanie Patrick – Disability Rights Center
- Jennifer Pineo – Statewide Family Support Council
- Mindy Pond – Area Agency Service Coordinator
- Isadora Rodriguez-Legendre – Developmental Disability Council
- Richard Royse – Community Support Network
- Lenore Scuito – Area Agency Service Coordinator
- Mary St. Jacques – Institute on Disability
- Cathy Spinney – Quality Council

MEETING FACILITATOR:

- Kaarla Weston – Administrator III, Bureau of Developmental Services

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

I. INTRODUCTIONS

II. CORRECTIVE ACTION PLAN UPDATE – CHRIS SANTANIELLO

- Working on options for self-directed services.
 - Moving the Employer of Record function out of the waivers.
 - Target date to begin is July 1, 2018
- DHHS is working with Applied Self-Direction to provide trainings on self-direction.
 - Trainings would be on multiple levels.
 - Target date of March or April 2018.
- Working with Human Services Research Institute (HSRI) regarding rates for the direct bill aspect of the CAP.
- Data collection analysis
 - Approximately 50% of service arrangements (if you take out self-directed) do not have conflict.
 - Finding challenges such as work force and the rural challenges of the state.
 - Work in progress, but regional information should be available shortly.
- Chris Santaniello has shared with CMS that it will be unlikely that we will be in full compliance by January 1, 2019. Creating a cross-walk with the rules regarding direct billing.
 - This will allow us to determine which rules need to be amended or changed.
 - Cathy Spinney asked that when this is completed that it be sent to the Quality Council for review. Chris Santaniello said that information would be shared by the representatives on this Stakeholder Group within their organizations.

III. FAMILY / PARTICIPANT SURVEY – JENN PINEO (NH FAMILY VOICES)

- Please see attached PowerPoint presentation and report for supporting documentation.

IV. ENVIRONMENTAL SCAN DATA – KAARLA WESTON

- Please see attached report on the initial mapping data
- Please see attached vendor map
 - This map is a start to get a perspective to see where current capacity is and where it is not.
 - Working to determine if vendors want to expand and if so, how far and for what services?
 - Still need time to drill further into the data.

V. RFP COMMITTEE UPDATE – SANDY HUNT

- The RFP Subcommittee group is made up of:
 - 3 – BDS participants
 - 6 – Area Agency participants
 - 4 – Provider Agency participants
 - This group determined that the following items should be developed:
 - Best practices and a single process statewide.
 - A list of Area Agency contacts for the provider selection process so that providers will know who exactly they should contact at the Area Agency.
 - Identify best practices for the vetting process, streamline this process and implement statewide. Right now all Area Agencies do it differently.
 - Create a type of provider report card so that families have a tool to help them decide on providers.
 - A standardized method of what and how information is sent to the Area Agencies.
 - Develop a list of provider agency contacts
 - Standardize the provider agency notification process prior to and after families have made their choice.
 - Develop timeframes for negotiation and budget development (including an expedited process).
- There will be future discussions regarding how the vendor agency is selected by the family; getting prior authorizations; when a provider hires staff (before or after the approval letter).

VI. QUESTIONS:

- Which Area Agencies (based on the survey and vendor map) were determined to be in conflict?
 - Regions 1, 2, 3, & 9 have the least separation of case management and service delivery.
- Have you met with those Area Agencies who have been determined to have conflict?
 - Chris Santaniello has offered to sit with any Area Agencies.
- It sounds like CMS is going forward with this no matter what?
 - It is a federal requirement.
 - BDS is working with CMS regarding compliance dates.
- Regarding the vendor data, are there efforts to get information from additional vendors?
 - Yes, BDS is continuing to gather data.

VII. NEXT MEETING:

- A memo will be sent and information posted to the BDS webpage:
<https://www.dhhs.nh.gov/dcbcs/bds/hcbs-waiver.htm> when the next meeting will be scheduled.

MEETING ADJOURNED

ATTACHMENTS:



Map Data
1-16-18.pdf



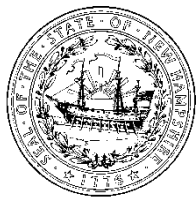
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Stakeholder Meeting ,



COI CAP PowerPoint
NH Family Voices pres



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BUREAU OF DEVELOPMENTAL SERVICES

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CAP Stakeholder Advisory Group

Monday, January 22, 2018

(Snow date, Friday, January 26, 2018)

1:00 – 3:00 PM

Bureau of Developmental Services

Thomas Fox Chapel

AGENDA

- I. Welcome and Introductions – Kaarla Weston
- II. Corrective Action Plan Update – Chris Santaniello
- III. Family/Participant Survey – Jenn Pineo (NH Family Voices)
- IV. Environmental Scan Data – Chris Santaniello
- V. RFP Committee update – Kaarla Weston
- VI. Questions
- VII. Next Meeting

NH CAP Stakeholder Advisory Group Meeting
January 22, 2018
1PM - 3PM
Tom Fox Chapel

Name	Email	Group	Phone#	Please check here for attendance
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NH CAP Stakeholder Advisory Group Meeting

January 22, 2018

1PM - 3PM

Tom Fox Chapel

Name	Email	Group	Phone#	Part of COI Stakeholder Advisory Group	Please check here for attendance
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Mills, Mark	mmills@pathwaysnh.org	Community Support Network		X	✓
Patrick, Stephanie	stephaniep@drcnh.org	Disability Rights Center		X	✓
Pineo, Jennifer	jsp@nhfv.org	Statewide Family Support Council		X	✓
Pond, Mindy	mpond@gatewayscs.org	AA Service Coordinators		X	OKT
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Scuito, Lenore	lsciuto@oneskyservices.org	AA Service Coordinators		X	✓
St. Jacques, Mary	mary.stjacques@unh.edu	Institute on Disability		X	✓

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Annou Btoezak Comm. Bridge

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Melissa Keme

Tom Fox Chapel

[illegible]

NH CAP Stakeholder Advisory Group Meeting
January 22, 2018
1PM - 3PM
Tom Fox Chapel

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Bethany Earls		The Moore Center		

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Jan S. Kobay		

New Hampshire HCBS Corrective Action Plan (CAP)
Waivers NH.0053, NH.4177, and NH.0397
Conflict of Interest
Environmental Scan- Initial Mapping Data
January 16, 2018

As part of New Hampshire's work for the Corrective Action Plan (CAP), BDS conducted an environmental scan regarding the current service system in the State of New Hampshire. The purpose was to gather data regarding the number and percent of service situations in which there is conflict, as a way to understand the current state and plan for the future. Services under the Developmental Disability Waiver and Acquired Brain Disorder waiver were analyzed. Services under the In-Home Supports Waiver, which is part of the CAP, were not analyzed as that waiver is fully self-directed and New Hampshire is looking at alternatives to the financial management services provided under this waiver, which will take it out of the CAP.

For the purposes of the CAP, the following services were analyzed:

- Case Management
- Residential
- Community Support Services
- Community Participation Services
- Supported Employment

Self-Directed Services under the Developmental Disability and Acquired Brain Disorder Waiver were also not analyzed, as these services are self-directed and, like with the In-Home Supports Waiver, New Hampshire is looking at alternatives to the financial management services provided under this waiver, which will take these services out of the CAP.

Statewide, the analysis shows how the services are delivered:

Service	Provided by the Area Agency	Provided by Vendor Agency
Case Management	99%	1%
Residential	41%	59%
Community Support Services	60%	40%
Community Participation Services	44%	56%
Supported Employment	41%	59%

This data demonstrates that there is choice in New Hampshire. Over 50% of the direct services are provided by vendor agencies that do not provide case management. Based on the structure of

New Hampshire's Organized Health Care Delivery System (OHCDS), it is not surprising that the services outlined above are heavily provided by the Area Agencies. Regarding Case Management, the Area Agency, as the OHCDS, is the designated agency for the provision of developmental and acquired brain disorder services in accordance with State Law RSA 171-A. The Area Agency provides all intake and eligibility under He-M 503 as the single point of contact, under the "No Wrong Door," initiative for individuals with developmental disabilities. The Area Agencies are responsible for the provision of Family Centered Early Supports and Services (FCESS) and many times this is when the relationship with a family and their child begins, which often continues throughout the lifespan. Regarding Community Support and this service often fluctuates, based on the support needs of the individual therefore a close connection with case management makes sense and this is demonstrated above.

Of the ten Area Agencies, six have a significant separation of case management and direct service. Four have limited separation and based on the rural nature of the areas in which they serve this is understandable.

For the six agencies that have significant compliance, the data is below:

Service	Provided by the Area Agency	Provided by Vendor Agency
Residential	25%	75%
Community Support Services	40%	60%
Community Participation Services	20%	80%
Supported Employment	28%	72%

As part of the environmental scan, BDS conducted a brief survey of existing direct service providers of the current service delivery system. This survey was sent electronically to eighty-seven direct service providers via e-mail. Twenty agencies responded, a 23% return rate. The survey was sent to provider agencies of varying size. Additional work around capacity will need to be a focus, what follows below is initial data:

- Please refer to the attached map to the locations in which direct service providers are currently providing services in the State of New Hampshire.
- Twelve direct service provider agencies responded that their organization is interested in expanding to communities beyond those in which they are currently providing direct services.
- Six direct service provider agencies responded that their organization is not interested in expanding.

Based on the twenty direct service providers that responded to the survey, the following indicates the number of providers interested in expanding direct services to the following counties:

County	Number of providers willing to Expand
Belknap County	4
Carroll County	2
Cheshire County	5
Coos County	2
Grafton County	3
Hillsborough County	2
Merrimack County	1
Rockingham County	1
Strafford County	2
Sullivan County	3

The numbers above do not include those direct service providers that are currently working in the counties and are willing to expand within these locations.

In addition, four providers are interested in expanding to provide Case Management and Family Support, some statewide.

Of the twelve willing to expand, two have a specific population they serve: 1) Individuals with Acquired Brain Disorders and 2) Individuals with Intensive Support Needs.









Providers were specific in the direct services they were willing to expand in the new areas:

Service	Number of Providers Willing to Expand for this Service
Community Participation Services	9
Supported Employment	6
Enhanced Family Care	8
Staffed Residences	5
Community Support Services	8

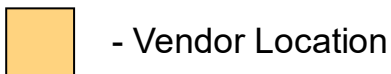
The reasons why the six providers that responded indicated that they did not want to expand are as follows:

- Two providers indicated they are small, family-run organization that do not want to expand;
- One indicated that it would exceed its operational capacity;
- Two indicated workforce challenges- recruitment and retention- are prohibiting them from expanding at this time; and
- One is in the process of closing some of their programs and reorganizing how they deliver services, so expansion at this time is not possible.

Developmental Services 2018





-  - Northern Human Services
-  - PathWays of the River Valley
-  - Lakes Region Community Services
-  - Community Bridges
-  - Monadnock Developmental Services, Inc
-  - Gateways Community Services, Inc
-  - Moore Center Services, Inc
-  - One Sky Community Services
-  - Community Partners
-  - Community Crossroads

Map #	Vendor / Organization	City/Town
1	North Country Independent Living	N. Conway
2	Becket Family of Services	Orford
3	NeuroRestorative	Standish, ME
4	C.O.R.E. Vocational Services	Gilmanton IW
5	Brock Children's Home, LLC	Pittsfield
6	Farmsteads of New England, Inc.	Hillsborough
7	The Institute of Professional Practice, Inc.	Concord
8	Great Bay Services	Dover
9	Living Innovations	Dover
10	Independent Services Network, Inc.	Manchester
11	LifeShare Management Group, LLC	Manchester
12	Chesco Inc	Keene
13	Residential Resources, Inc.	Keene
14	Southwestern Community Services, Inc.	Keene
15	Plowshare Farm	Greenfield
16	Crotched Mountain Foundation	Greenfield
17	Monadnock Worksource	Peterborough
18	Tobias Community, Inc.	Temple
19	The PLUS Company	Nashua

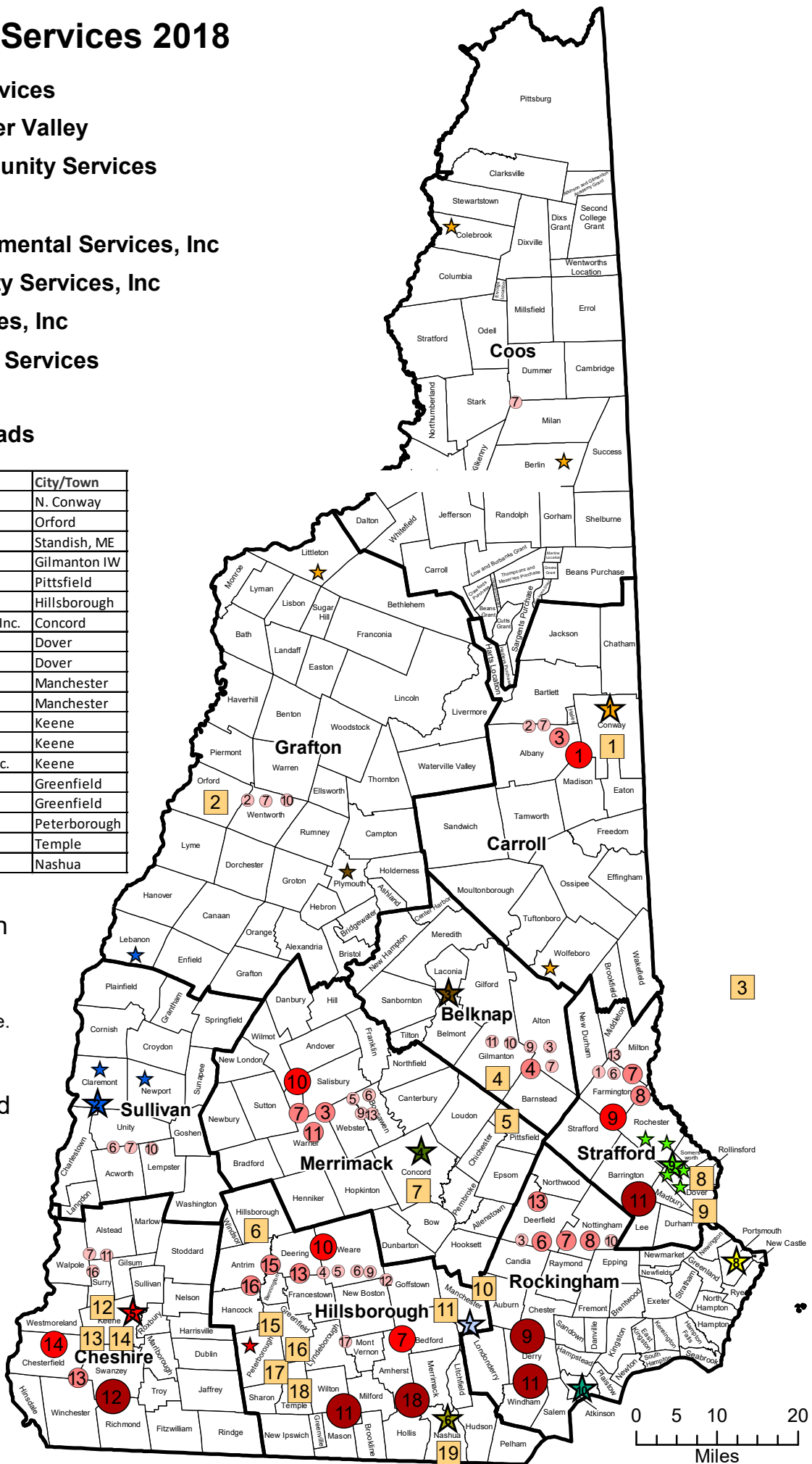


The number in each square corresponds with the vendor map number indicated above.

Number of Clients Served

-  - 10 or Less
 - 11 - 25
 - 26 - 50
 - 51 +

The number in each circle corresponds with the vendor map number indicated above.



New Hampshire Corrective Action Plan Conflict of Interest Survey Results

December 2017

Prepared by



EXECUTIVE SUMMARY

During the waiver renewal process with the Center for Medicaid and Medicare Services (CMS), NH was determined to be out of compliance in the following two areas of service delivery, resulting in the requirement of a Corrective Action Plan (CAP).

1. Conflict of Interest in Case Management to be in compliance with the Home and Community Based Services (HCBS) regulations requiring the separation of case management and direct service delivery.
2. NH's Organized Health Care Delivery System, relating to the payment process to providers

To address the process needed to meet the requirements of the Corrective Action Plan (CAP) and assure stakeholder involvement, the Stakeholder Advisory Group was created. A decision was made by the stakeholder group to gather information via a survey of individuals with developmental disabilities/acquired brain disorders (participants), family members of participants, and public guardians, regarding service coordination/case management.

The Stakeholder Advisory Committee identified two methods to optimize feedback from the families and participants receiving services. Questions were developed for an online survey and disseminated through agencies for a 31-day period (October 20th -November 21st, 2017). These questions were mirrored in the face-to-face forums that were conducted across the state. To coordinate and hold forums throughout the state, as well as compile the results of both feedback methods, NH Family Voices was contracted to carry out these activities.

A total of 13 forums were held across the state: 8 family forums, 4 participant forums, and 1 public guardian forum, with a total of 97 attendees. There were 108 responses collected via the online survey.

Survey questions asked about the direct services received by the participant, service coordination, direct service providers, and how they felt about this change New Hampshire is being required to make.

Results of the survey process presented multiple reoccurring themes. Of primary concern was a potential disruption of services created by the process of separating service coordination from service delivery. Cost of separation, how it would be funded, potential budget cuts, and the potential ramifications for participants in a system that is currently struggling to provide funding to all of the needs of participants was distressing to those responding to the survey. An additional level of bureaucracy to the system and the strain on the system this change may create were also of concern. Respondents questioned who would be the "provider of last resort," to ensure participants continue to receive services.

Family members and participants identified misgivings that the attempt to ensure a reduction of "potential conflict of interest" would produce an enhanced strain on a system that is currently struggling with workforce development at multiple levels. Low salaries, lack of training, and large caseloads, were identified as current strains on the system of service coordination. A divided system will need to address these issues while continuing to allow families and participants to maintain choice and control at the same level they currently experience.

Participants and family members placed any concern regarding a systematic conflict of interest well below their need for quality consistent service delivery.

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BACKGROUND

NH Provides the majority of its services to individuals with developmental disabilities and acquired brain disorders through three different 1915 (c) waivers:¹

- NH Developmental Disabilities (DD) Waiver
- NH Acquired Brain Disorder (ABD) Waiver
- NH In Home Supports (IHS) Waiver

During the waiver renewal process with the Center for Medicaid and Medicare Services (CMS), NH was determined to be out of compliance in the following two areas of service delivery, resulting in the requirement of a Corrective Action Plan (CAP)².

1. Conflict of Interest in Case Management to be in compliance with the Home and Community Based Services (HCBS) regulations requiring the separation of case management and direct service delivery.
2. NH's Organized Health Care Delivery System, relating to the payment process to providers.

PROCESS

To address the process needed to meet the requirements of the Corrective Action Plan (CAP) and to ensure stakeholder involvement the Stakeholder Advisory Group was created. The group held meetings in June, September and October of 2017, with more meetings scheduled for 2018. Concurrent work was done with Area Agencies to begin an environmental scan. A series of public information sessions were held. The focus of these sessions was on: CMS regulations, a review of NH's CAP, and the Stakeholder Process. Meeting minutes can be found at <https://www.dhhs.nh.gov/dcbcs/bds/hcbs-waiver.htm>

A decision was made by the stakeholder group to gather information via a survey of individuals with developmental disabilities/acquired brain disorders (participants³), family members of participants, and public guardians regarding service coordination/case management.

Corrective Action Plan Stakeholder Advisory Group

Community Support
Network, Inc.

Private Provider Network

Statewide Family Support
Council

Area Agency Service
Coordinator Supervisors

Area Agency Family
Support Coordinators

People First

Office of Public Guardian

Tri County Guardianship

Quality Council

Brain Injury Association

Council on
Developmental
Disabilities

Disability Rights Center

¹ <https://www.dhhs.nh.gov/dcbcs/bds/hcbs-waiver.htm>

² <https://www.dhhs.nh.gov/dcbcs/bds/documents/nhcaptemplateamend082017.pdf>

³ The term "participant" is used in this document to describe individuals with dd/abd and self-advocates

The Stakeholder Advisory Committee identified two methods to optimize feedback from the families and participants receiving services. Questions were developed for an online survey and disseminated through agencies for a 31-day period (October 20th -November 21st, 2017). These questions were mirrored in the face-to-face forums that were conducted across the state. To coordinate and hold forums throughout the state, as well as compile the results of both feedback methods, NH Family Voices was contracted to carry out these activities.

FORUMS

8 Family Forums

Manchester, Atkinson, Concord,
Portsmouth, Dover, Nashua,
Laconia, and Keene.

4 Participant Forums

People Power, Atkinson
Advocate 4 Yourself, Nashua
Great North Woods Action
Team, Berlin
Dream Team, Conway

1 Public Guardian Forum

Office of Public Guardian
Tri County Guardianship

13 forums were conducted across the state.

A framework of attendee criteria was developed to ensure confidentiality and anonymity. Family members and participants were encouraged to attend a forum of their choice not limiting them to their identified region of the state.

Family and participant forums were open only to self-identified constituents. Employees of area agencies and vendors or those seeking to listen, were asked not to attend. Family members or participants who also worked for an Area Agency (AA) or vendor were asked to answer from the perspective of a parent/family member only during the forums. Attendees were assured they would not be identified either by name or agency affiliation and responses would be kept confidential and anonymous. This allowed for families and participants to share information without concern of repercussions or hurting the feelings of staff members.

The public guardian offices elected to hold their feedback session during an existing meeting. Participant forums were conducted within scheduled group meetings to optimize participation. Forums were conducted over a four-week period (October 30, 2017-November 27, 2017).

RESPONDENTS

Face-to-face forums were attended by 31 family members and 45 participants. 108 Responses were collected by online survey. It is important to note that some responses could be duplicative, as the online survey could have been completed by an attendee at a forum. The survey also allowed for a respondent to answer the survey multiple times, in the event that an individual was assisting multiple participants in answering the online survey.

Public guardians are included in this number however their responses are noted in the Public Guardian section on page 11 and not included here.

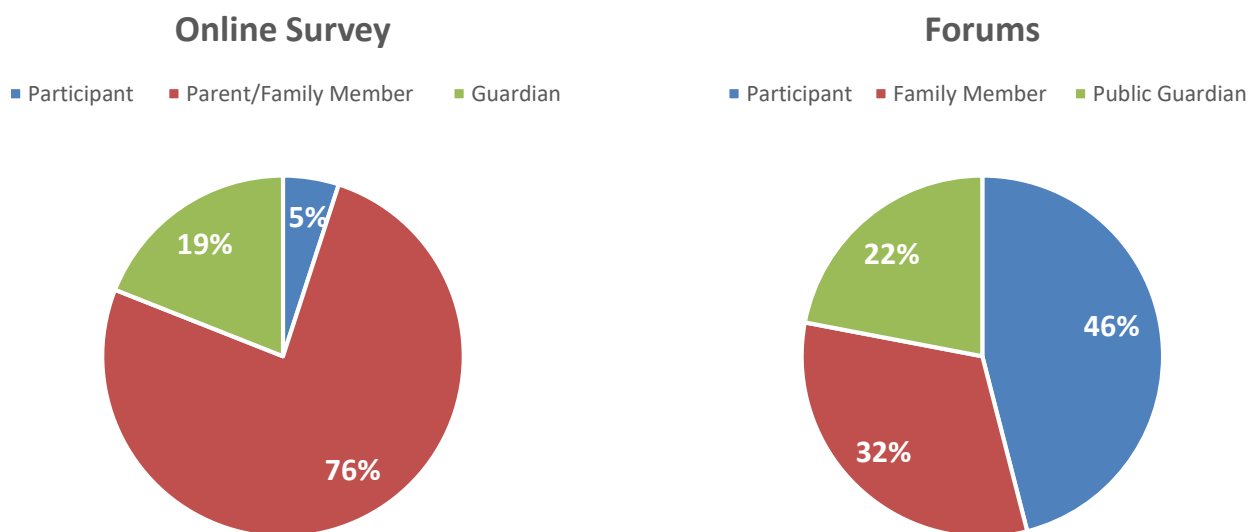


Figure 1: Online Survey and Forum Respondents

64% of the online respondents and 77% of the forum attendees reported their family members were over the age of 21. Participants all identified as being over the age of 21.

SERVICES

Question: What services do you receive?

To understand what services families and participants were receiving we asked what services were being utilized. A multiple option list was given to attendees to identify the services.

Other services reported included Applied Behavior Analysis program, after school program, early supports and services, family support services, Special Medical Services – Partners in Health Family Support, recreation, employment supports, assisted living, independent case management, therapies, fitness, LNA and nursing services.

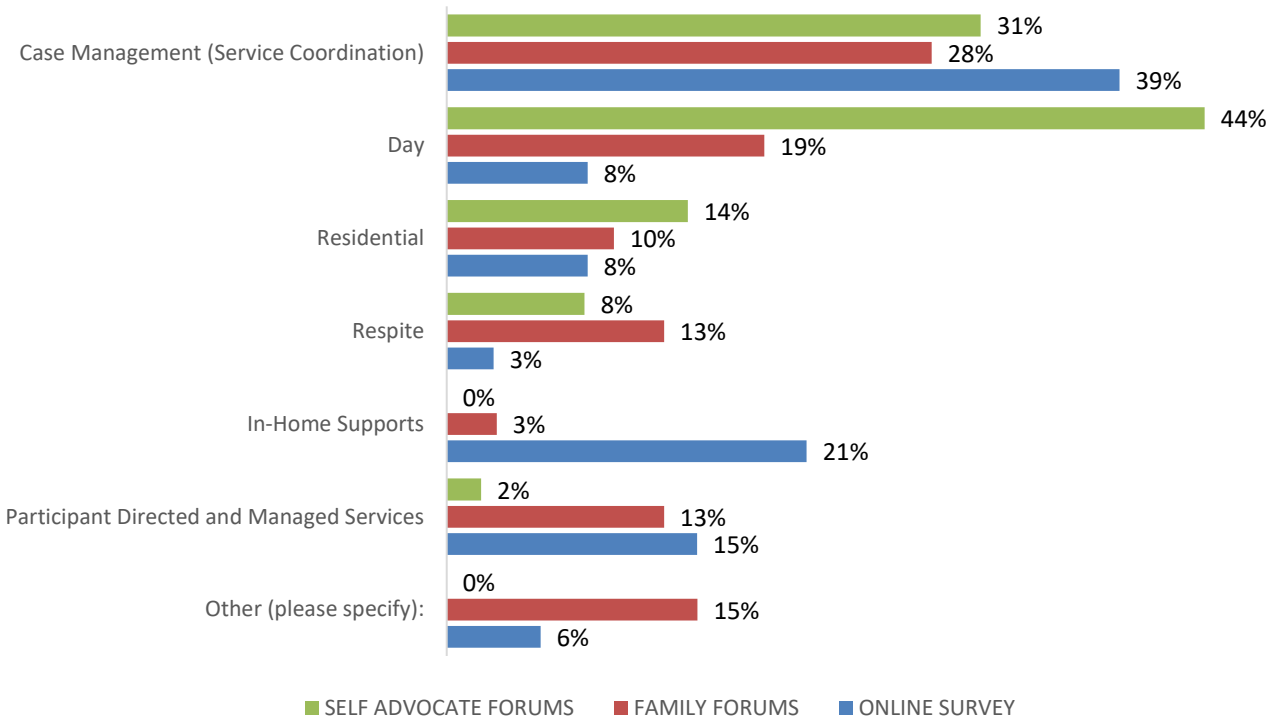


Figure 2: What services do you receive?

44% of participants reported accessing day services, this included support from a Direct Support Professional (DSP), recreation activities, activities of daily living, self-advocacy groups, and employment supports.

SERVICE COORDINATION

The term service coordinator and case manager were used interchangeably throughout the forums. Some agencies also used other terms for the person that does this work. The term ‘service coordinator’ is defined in He-M 503: Service coordinator” means a person who meets the criteria in He-M 503.08 (e)-(f) and is chosen or approved by an individual and his or her guardian or representative to organize, facilitate and document service planning and to negotiate and monitor the provision of the individual’s services and who is:

- (1) An area agency service coordinator, family support coordinator, or any other area agency or provider agency employee;
- (2) A member of the individual’s family;
- (3) A friend of the individual; or
- (4) Another person chosen to represent the individual.⁴

⁴ http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html

Question: Do you know who your service coordinator is?

Over 80% of respondents reported they know who their service coordinator is.

Question: How long have you had this person as your service coordinator?

When asked about the longevity of service coordinators 40% indicated they had their service coordinator for less than 1 year, with 20% indicating they have had their service coordinator for over 5 years. Families in the forums indicated they felt they had been experiencing a higher turnover rate in the past two years than in previous years.

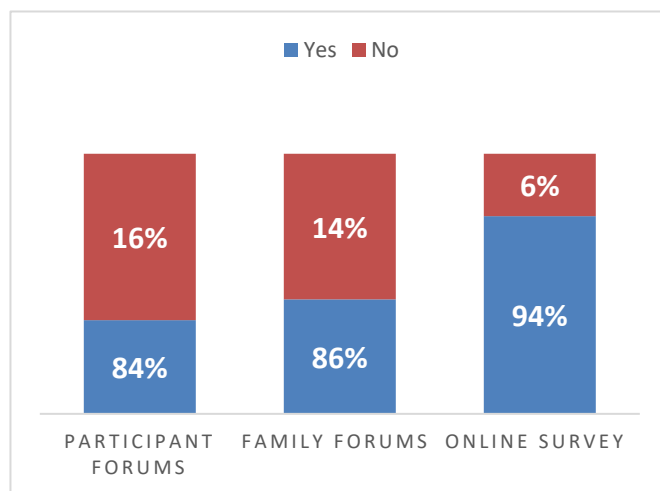


Figure 3: Do you know who your service coordinator is?

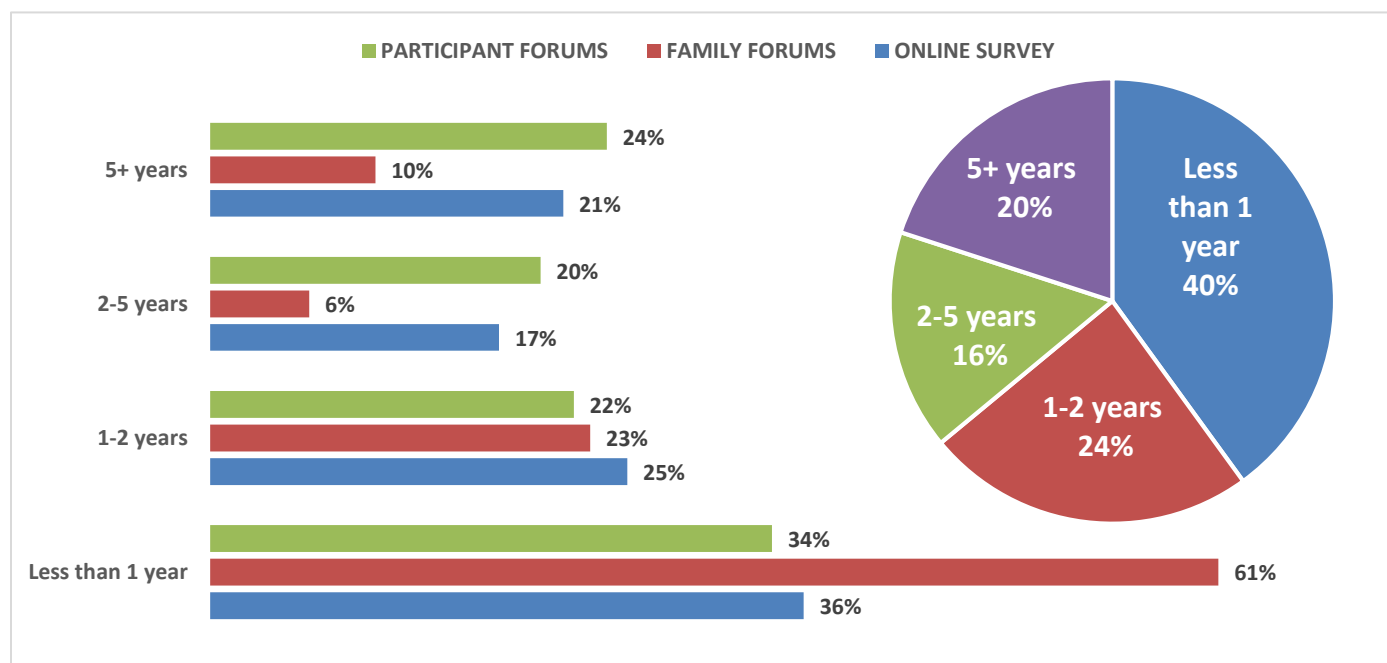


Figure 4: How long have you had this person as your service coordinator

Question: Do you find your service coordinator helpful?

Some of the expressed reasons families and participants identified the helpfulness of their service coordinator was the person's knowledge base, their willingness to stay informed and their assistance in increasing the knowledge of families and individuals by finding the answers to their questions. These same respondents felt their service coordinator was an advocate for their family member receiving services. Respondents also indicated the positive support the service coordinator made in finding direct support staff.

“Very invested in the individual receiving services and his needs. Works well with guardian/parents and LRCS staff. Very professional, knowledgeable, on top of all paperwork, requirements, checks and balances for the program, etc. The quality of life, program, and health of the individual has been improved through her efforts.”

Families and participants who did not find their service coordinator helpful expressed frustrations with a lack of knowledge and training. Families and

individuals reported having to ask multiple times to get information. If a service coordinator did not know the answer they would reply with no instead of researching the answer.

“Most of the service coordinators at my agency have little to no experience. If something is not in the regulation or guidelines they automatically say it's not allowable even when that's not true but they [don't] call the Bureau of Developmental Services (BDS). That's assuming you get a call back. Often they don't bother to respond to calls or emails and if they do it will often take months to get an inaccurate answer to questions.”

Some reported that they felt service coordinators were more focused on the paperwork aspect of their work than on supporting the family and participant. Families indicated not having access to how the budget is created, their role, and the service coordinators role in the process. Additionally, families often indicated having to give the service coordinator information, versus having the service coordinator be a resource.

“They never reach out to check in or help me anticipate what comes next in my child's life and if I ask them a question they rarely have the answers. I learn more from the internet or other special needs parents than my service coordinator.”

Almost all of the participants that attended the family forums, as well as some online comments expressed a need to have the salary of the service coordinators increased as a strategy to support longevity in the position as well as for recruitment of a qualified workforce. The high turnover rate makes it difficult for them to learn the job and creates burnout. They also indicated the large case load service coordinators deal with as a problem.

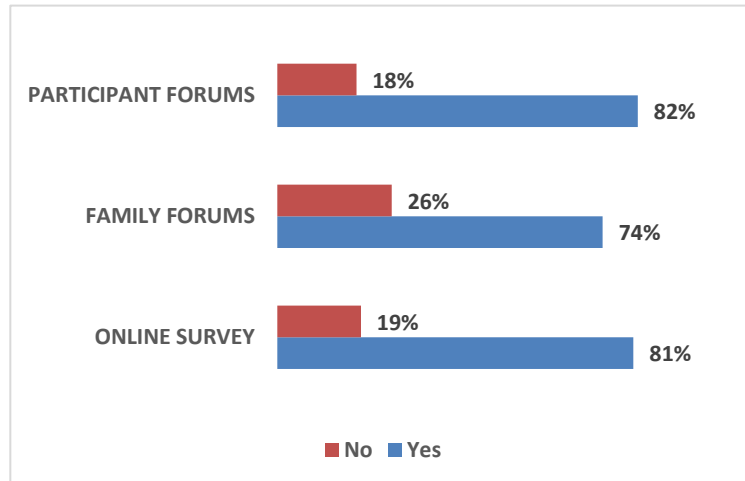


Figure 5: Do you find your service coordinator helpful?

Question: Do you know how to get help if you want a new service coordinator

Forum comments indicated that some families were not aware they could request a new service coordinator if they were not comfortable with the one assigned. Others indicated that they didn't know the exact process but were confident they could figure it out if the need arose.

Respondents also indicated a lack of knowledge and utilization of an independent service coordinator.

"I believe I was given a brochure at one time, but I would simply call the manager and express that I want a new coordinator and if she didn't respond I'd go to the director."

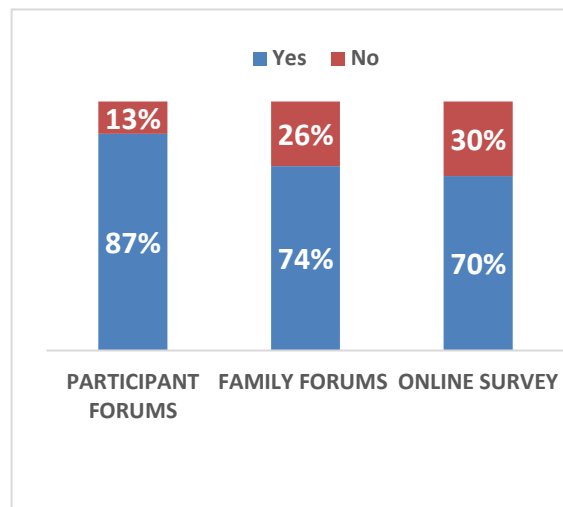


Figure 6: Do you know how to get help if you want a new service coordinator

Question: How often on average do you see/talk/email your service coordinator?

Families and participants had varying degrees of interaction with their service coordinators. There was an indication that the degree of interaction would increase if there was an issue or something they were working on for the participant receiving services. Some families reported they only heard from the service coordinator if the family initiated the interaction.

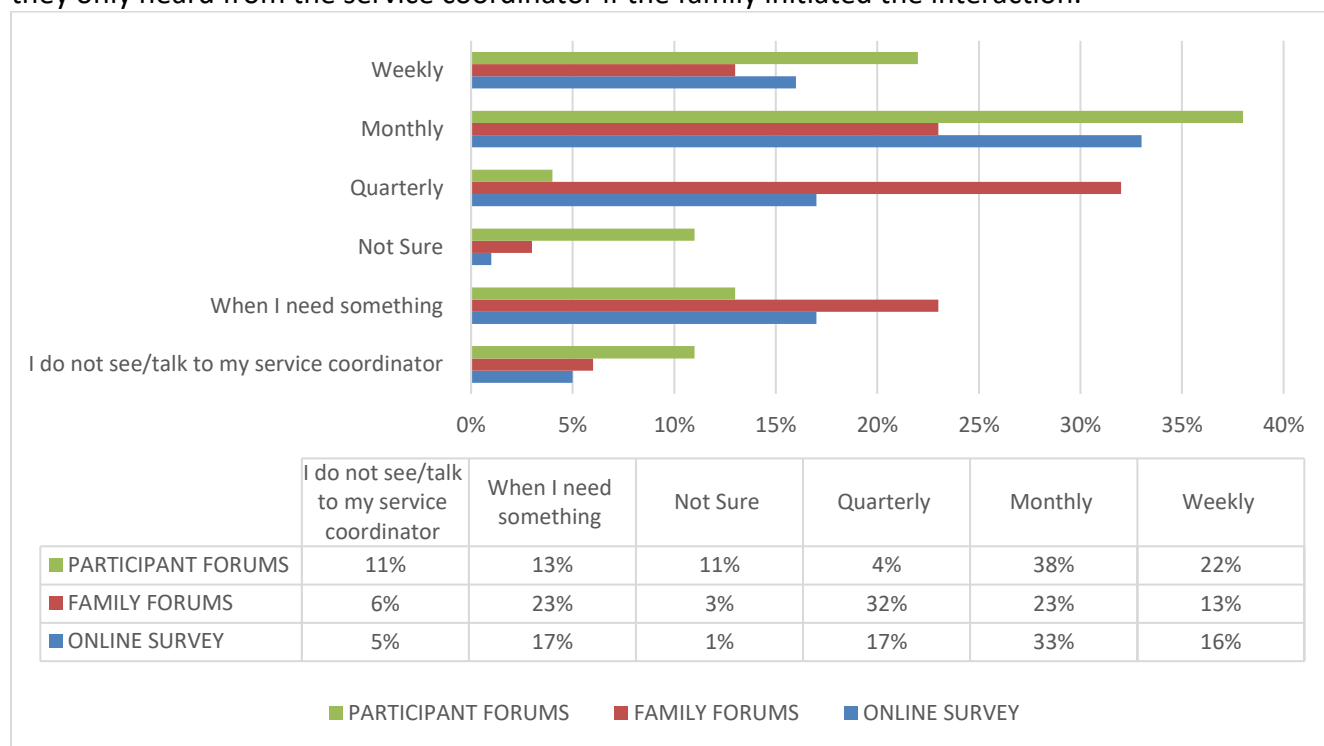


Figure 7: How often on average do you see/talk/email your service coordinator?

PROVIDER AGENCIES

Question: If you or your family member receives day, residential, or in-home services, did you choose the provider agency that provides this direct service?

Many of the participants reported they had a say in choosing providers, especially when choosing who they live with and felt involved in the process.

"I like how they're trying to do -- to make sure that I get what I need and what I would like out of the services that I get, and the fact that they try to work with me on my transportation to and from my work."

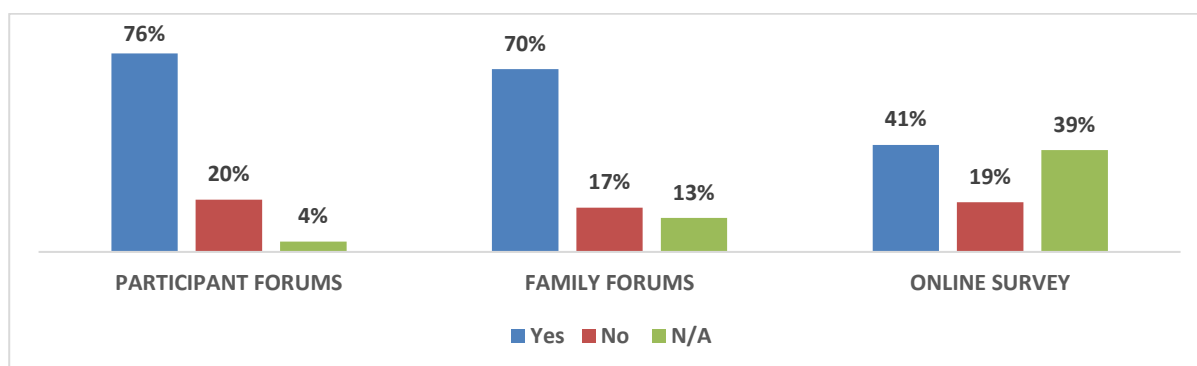


Figure 8: If you or your family member receives day, residential, or in-home services, did you choose the provider agency that provides this direct service?

Question: If no, did you want to?

For families and participants that did not choose their provider, but wanted to, they indicated they may not have known they had a choice. Families also indicated that they may have only had a "choice" of one provider that was willing and/or able to support their family member, so they did not feel they had provider options. Some families were frustrated that being given only one option was considered a "choice." Some of the reasons indicated for limited choice included reimbursement rate and the intensity of the needs of the individual.

"There was no agency provider that could meet our [family members] need for community participation and medical oversight"

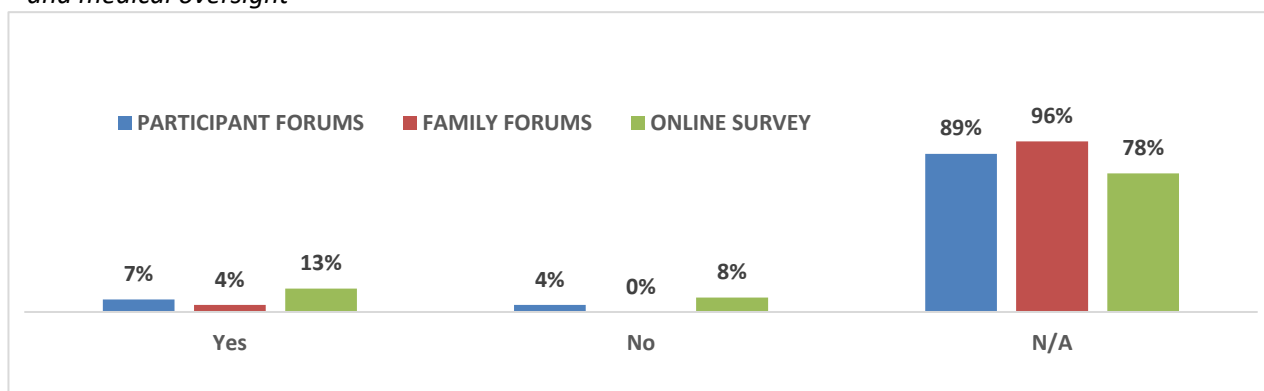


Figure 9: If no, did you want to?

Question: If you wanted to change service providers would you know how to request to do this?

- Online Survey 69% responded yes and 31% responded no;
- Family Forums 100% responded yes
- 93% of Participants said yes and only 7% responded no.

Similar to answers regarding finding a new service coordinator, attendees in the forums indicated a lack of clarity around the process but expressed confidence that they could figure out the process and answered yes to this question. Families again expressed that if they only had one option they may not have an ability to change providers if they wanted to. Some families expressed they did not feel they were permitted to change service providers.

LEVEL OF SATISFACTION

Question: How happy were respondents with their services?

When asked if they were happy with their services the majority respondents reported being happy with their services. Families did express concerns with funding constraints.

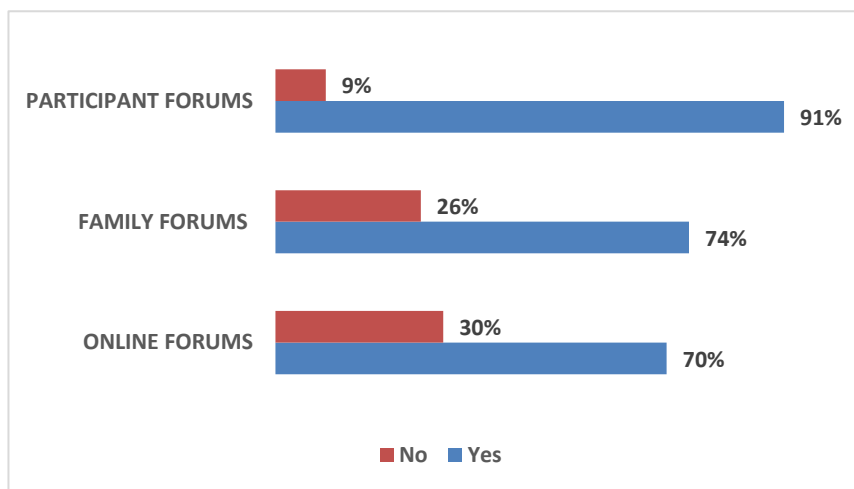


Figure 10: Are you happy with the agency(cies) that provides day, residential, or in-home support services

"In general, case management is working out okay. I know my area agency is working hard to improve services in a difficult financial and legislative climate. Having said that, there are large gaps between what I'd view as good supports and what the area agency is currently able to do."

"[Area Agency's] ongoing quality of support is excellent. Communication between all parties on [family member's] behalf is excellent. We are provided with much support."

Respondents in the online survey were asked to rate their satisfaction with both service coordination and direct service on a scale of 1 – 10. Attendees in the forums gave an overall combined rating of these.

In the forums

- 36% of participants rated their level of satisfaction between 1-5, 64% between 6-10.
- 9% of families rated their level of satisfaction between 1-5, and 8% rating between 6-10, with 83% reporting a level of satisfaction at a 10.

Online Survey	1	2	3	4	5	6	7	8	9	10
Service Coordination	7%	3%	4%	4%	11%	5%	4%	13%	19%	31%
Direct Service (day, residential, or in-home services)	10%	1%	2%	2%	8%	2%	6%	15%	17%	36%

SEPARATION OF SERVICE COORDINATION AND DIRECT SERVICE DELIVERY

Question: New Hampshire is required to make changes to separate case management (service coordination) and direct service delivery. What do you think about this?

This final question was closely dispersed from strong agreement to strong disagreement. Respondents that leaned toward disagreeing with the recommended change, expressed concern over adding another layer of bureaucracy to an already complicated system. They wanted the cost of splitting service coordination and service delivery to be considered and to ensure the costs were not passed down to families in the form of budget cuts or additional administrative fees being taken out of budgets. They expressed concern over having services for their family members disrupted and concern that separating services delivery would have a negative impact on continuity of care for their family member. Families wanted to ensure they would continue to have local control and input into changes and process within the services their family members receive. Families want to have choice and control over how they received services and if that choice would be taken away if there was a regulation in place that required these services to be split.

Of the 45% of families that disagreed with the splitting of services many felt it was a benefit to have the service coordinators and service delivery staff work within the same agency, they thought this opened communication between those providing services.

Only 16% of self-advocates agreed and 13% of families slightly agreed in the forums.

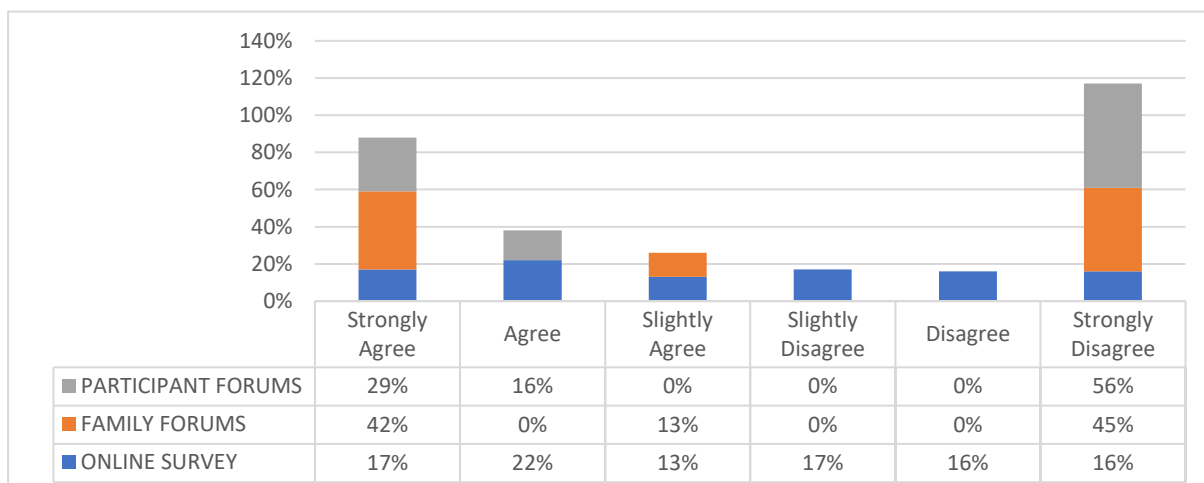


Figure 11: New Hampshire is required to make changes to separate case management (service coordination) and direct service delivery. What do you think about this?

Concern expressed by families included the need to have a choice in how they access their service coordination and direct services. As each family and participants needs are unique, they expressed concerns over a one size fits all model pushing all agencies into one model of conflict free case management. Respondents indicated there would need to be a high level of communication between service coordinators and service providers if there was a split of service coordination and direct services. Some families expressed concern over conflicts within the system.

“The market has done a pretty good job of dictating what area agencies do. Conflict free case management works in southern NH because there is a population, a demographic and a market there to support it, and that is why [vendor agencies] thrive there. Whereas, when you get further up North we don’t have the population and market to support it.”

“The conflict that concerns me is the closeness of the area agencies with the state, the Department. What is important to me is independent case management that recognizes the first duty to the person served not to DHHS or the agency.”

“The area agency leans more toward making sure they keep their vendors happy versus keeping the guardians happy.”

PUBLIC GUARDIAN FORUM

The Office of Public Guardian (OPG) and Tri County Guardianship (TCG) chose to have one forum together and 21 Guardians were in attendance. The public guardians serve individuals across the state who receive services through the Area Agency system as well as a multitude of vendors.

The two agencies estimated they serve a total of approximately 600 individuals from the age of 18 through the lifespan. Their clientele has a range of diagnosis including individuals with developmental disabilities and acquired brain disorders, with a significant number of those individuals also having a co-occurring mental illness.

The discussion with the public guardians focused on their work with clients served by the area agencies. When asked about the services their clients receive they reported all the individuals they serve receive case management. Public guardians indicated that a high percentage of those they serve receive residential services, including enhanced family care and intensive treatment services (ITS) residential. They also noted that individuals with enhanced family care typically have respite built into their budget which is not broken out as a service.

Service Coordination

When asked if they know who their service coordinators were for their clients, the response was “today we do.” The guardians reported there is a high turnover rate among service coordinators. Guardians noted that turnover varies by region with some agencies having a higher turnover rate than others.

Public Guardians stated that service coordination positions were once considered a career, however the low pay and shift to focus on documentation has appeared to create more stress and burn out within these positions. They also noted that they have seen a pattern of turnover increasing significantly in the past two years. Attendees also noted the pay of service coordinators was an increasing concern

When asked if they find their service coordinator helpful, the response was a mixed. The guardians clearly stated it depended on the person. They reported there is a lack of knowledge of the system and lack of understanding of what the service coordinators job entails. Service coordination is not defined the same in all agencies. Guardians noted they are asked each year if they would like an independent service coordinator, however they expressed concern over finding one that has the time to commit to the work and has the relationships and knowledge to successfully do the job. They also noted there is not a published list of independent service coordinator agencies that is accessible to them, so they may only be given a choice of one organization that provides this service, making it difficult for them to consider this option.

"Some case managers don't define their jobs as, you know, going out and searching out resources. They're more asking you what's going on. That surprises me when I get calls from case managers saying, 'So what's happening?' Well, that's a problem since I rely on them to do some monitoring that I can't do".

Guardians reported witnessing a change in this position over the past years. They noted shifts in culture, law, and regulation. Service coordinators used to see clients at least monthly, or more often, and were considered the best advocates for the person. The service coordinator held the team together and accountable as the shift has occurred giving service coordinators more responsibility, but less authority and they became more focused on documentation.

"The job [service coordination] shifted a lot over the years, and which is, you know, consistent with the shifts in culture, law, and regulations. They used to see the people on their caseload at least monthly, and often far more than that. And they were the best advocate for the person."

Public guardians also noted there has been a change over the last few years resulting in services becoming less of a focus and vendors not having the ability to serve the participants with the highest needs.

It was noted that service coordination/case management through the area agency is more encompassing than service coordination in other systems in the state. When asked how often they interact with service coordinators on their cases the response was "it depends on the case." Contact can range from daily to quarterly.

Provider Agencies

When asked if they were able to choose the provider agency that provides day, residential or other direct supports the public guardians indicated they rarely have many choices.

They reported that they can send out a request to vendors and sometimes get a response back that none are willing and/or able to support the person. There are discrepancies in the budgets and proposals that are submitted to vendors across agencies. Public guardians reported there appears to be a focus on getting the service from the agency who would provide it for the lowest amount, even if advocacy and history of need indicates this is not a wise choice for participant. They also noted that if the agency had a preferred vendor list and they wanted a vendor that was not on the list there would be difficulty in accessing the vendor.

“One of the issues is that there is some thought that there are many people, many agencies, waiting to serve our clients and that’s just not the case. A choice of one, although I might have said yes, I’ll accept that placement, is still not really a choice.”

When asked to rate their service coordination on a scale of 1 (lowest) to 10 (highest), the public guardians responded that it ranges from 1 to 10 across the system. They responded that some service coordinators really respect their job and do it well. They also noted that services depend on the participant.

“It also depends on the consumer too, because some individuals are well liked by the area agency and it’s easy to get things for them, and then other people who are more challenging, they’re just trying to get through the day with them.”

When asked if they are happy with the agencies that provide day and residential supports they again responded that it ranges across region, agency, and provider. They did note that they have been hearing that day programs in particular are facing challenges with staffing. They are often understaffed and experience high turnover rates. This situation impacts a participant’s ability to receive appropriate programming, have 1:1 support, individual choices or be able to obtain work. Without staff to ensure access to employment, clients are unable to maintain work.

Public guardians reported knowing how to request a new service coordinator if needed.

When asked if their service coordinator works for the same agency as their direct service provider, they responded “Yes, in some situations.”

They were asked how important is it that service coordination be provided by an agency who does not provide direct services?

“In some cases when you have the area agency who is also the service provider, there’s a different level of accountability for them because that individual is their responsibility and they really can’t deny or refuse to respond to providing services when push comes to shove.”

The public guardians expressed concern that if the area agencies were not to provide any direct service who is going to “step up on a Friday night”? Vendor agencies are not in a position to meet this need. In situations of challenging cases when a request for services is being sent out and everyone is saying no, at the end of the day the public guardians felt they can push back on the area agencies to develop the program. If this ability is lost, those with the highest need may go without services.

While they expressed understanding of CMS's concerns and expectations for conflict free case management, they expressed concern over being able to achieve it without completely dismantling the current service system. They also expressed concern over who would hold the ultimate responsibility for the participants they were serving.

"We're in a unique position too, where we are the guardians. We're going in, and if there's a conflict of interest often times we see it. Whereas people who don't have guardians, clients receiving services, they might not have that outside set of eyes looking in, where we sit at the individual service plans, the given plans, and we can sometimes see those conflicts and bring it up to the high, -- make the complaints if we need to or push harder [so] if we see that there's a conflict or that they aren't talking we can dig a little deeper and say okay, what's going on here? What wasn't being said at that meeting? And as guardians we can advocate for a change if we need to, or change in area agency if we need to if there's a real conflict."

Public guardians also noted that conflict does not go away because you separate service coordination and vendor services. We live in a small state and people have long standing relationships that may contribute to the conflict.

When asked what they think about New Hampshire being required to make the changes to separate service coordination and direct service delivery there was again a range among the participants responses this issue, depending on the client. They expressed concern over the strain on New Hampshire's current system, noting New Hampshire does not currently have the capacity to serve all the participant's service needs. They expressed the need to build capacity, bringing in vendors and workforce, and then work towards making this change.

CONCLUSION

Results of the survey process presented multiple reoccurring themes. Of primary concern was a potential disruption of services created by the process of separating service coordination from service delivery. The cost of separation, how it would be funded, potential budget cuts, and the potential ramifications for participants in a system that is currently struggling to provide funding to all of the needs of participants was distressing to those responding to the survey. Apprehension was voiced about an additional level of bureaucracy within the system and the resulting strain this would cause. Respondents questioned who would be the "provider of last resort," to ensure participants continue to receive services.

Family members and participants identified misgivings that the attempt to ensure a reduction of "potential conflict of interest" would produce an enhanced strain on a system that is currently struggling with workforce development at multiple levels. Low salaries, lack of training, and large caseloads were identified as current strains on the system of service coordination. A divided system will need to address these issues while continuing to allow families and participants to maintain choice and control at the same level they currently have.

Participants and family members placed any concern regarding a systemic conflict of interest well below their need for a service delivery system that was based on quality and consistency.

ACRONYMS

ABD	Acquired Brain Disorders Waiver
BDS	Bureau of Developmental Services
CAP	Corrective Action Plan
CFI	Choices for Independence Waiver
CMS	Center for Medicaid and Medicare Services
COI	Conflict of Interest
DD	Developmental Disability
DHHS	Department of Health and Human Services
DSP	Direct Support Professional
HCBS	Home and Community Based Waivers
IHS	In Home Supports Waiver
ITS	Intensive Treatment Services
OPG	Office of Public Guardian
LTSS	Long Term Supports and Services
PDMS	Participant Directed and Managed Services
TCG	Tri County Guardianship